

GEORGE LOPEZ FOUNDATION

DONATION FORM

Date : _____

Contact: _____	
Address: _____	
Phone: (____) _____	E-Mail: _____

THIS CONTRIBUTION IS MADE IN MEMORY OF:

Please direct my gift to one of the following program areas:

- Kidney Camp Patient Emergency Fund Military Families Please use my Gift Where it is Needed Most

Staff Initials #: _____	Donation Amount: \$ _____
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Payment method: <input type="radio"/> Cash <input type="radio"/> Check # _____ <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Amex	
Account #: _____	CVC #: _____
Name on Card: _____	Expiration Date: _____
Signature: _____	Billing Zip: _____

THANK YOU!

In accordance with IRS requirements, the amount of your payment that is a tax-deductible contribution is limited to the excess of payment amount over the fair market value of goods and services provided. Fair market value represents a good faith estimate of the value of goods or services you have received. If no estimate of value is indicated, then payment equals fair market value. Please retain this form for your tax records. The George Lopez Foundation is a non-profit 501 (C)(3) charitable organization. **Federal Tax ID #27-1434363**

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